

Fountain Hills Community Services Official Team Roster

Waiver and Release

I understand that no medical insurance is provided for Town of Fountain Hills activities and agree to assume the risk for any injury related to participation or the participation of my dependents. I agree to make no claims against the Town of Fountain Hills or any of its officers, employees, or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependent is physically able) to participate in this activity. I consent to any medical treatment I or my dependent needs while involved in this activity and I agree to pay for it. I realize that the Town of Fountain Hills is not responsible for lost or stolen articles.

As a team manager, I agree that those team members listed on this form are eligible to play in the Town of Fountain Hills and that all team members will be properly informed of all league rules, game dates and times.

Team Name	Sport	Season	League / Division		Roster Limit	
	Softball				20	
Manager Name	Signature:	P	hone / email: (H)	(W)	DoB	
Assistant Name	Signature:	P	hone / email: (H)	(W)	DoB	
Manager's Signature Date						

This team roster is due to the League Director prior to your first game. This roster may not exceed a 20% change by the start of the third game. Any changes must be reported to your official league director as soon as possible. Any team that does not submit its roster at the designated time may be immediately dropped from the league and refunded the registration fee.

Above names must appear below if participating.

Legal Guardian must sign for participants under the age of eighteen (18) years The undersigned have read and understood the waiver and release information listed above.

	Player's Name (Print)	DoB	Player/Guardian Signature	Witness Name (Print)	Witness Signature			
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5705 I	705 E. Avenue of the Fountains - Fountain Hills, Arizona 85268 - (480) 816 - 5132 - Fax (480) 837-3999 www.fh.az.gov/parksrec							